

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/25/01
FORMALITY REVIEW	<i>[Signature]</i>	TC 886	02-23-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i> A.T	1071	10/25/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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52	11/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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27  
10/25/01